DOCUMENT RESUME

ED 395 620 JC 960 371

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TITLE Mentoring Relationships and Beginning Nursing Practice: A Study of Professional Socialization.
PUB DATE Apr 96
NOTE 35p.; Paper presented at the Annual Meeting of the American Educational Research Association (New York, NY, April 8-12, 1996).
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Community Colleges; Job Skills; *Mentors; Needs Assessment; *Nurses; *Nursing Education; *Student Attitudes; Student Experience; *Student Needs; Two Year Colleges; *Vocational Adjustment

ABSTRACT

A study was conducted of graduates of an associate degree nursing program at a community college to explore issues related to early professional socialization in beginning nursing practice and to determine the influences of mentoring relationships on professional socialization. Focus group interviews were conducted with a sample of 31 graduates from May 1994 who had been working as nursing practitioners for 3 to 7 months. Based on responses, the issues of primary importance for beginning practitioners were related to the following: (1) pre-employment considerations, including unanticipated delays in finding employment and fears regarding job preparedness; (2) entry issues, such as concerns related to institutional support structures and relationships with team members; (3) the role of mentors, emphasizing their role in introducing graduates to the institutional culture, modeling technical and cognitive competence, and demonstrating characteristic behaviors and attitudes; (4) other factors that facilitate or hinder beginning practice, such as having self-help strategies and receiving feedback; and (5) making the transition from novice to professional. The findings supported the notion that professional socialization begins in formal educational programs and continues in the workplace. To prepare novices for the workplace, nursing education programs must include clinical experiences that progressively challenge students' abilities and focus on relationships with physicians and ancillary personnel. Contains 47 references. (TGI)

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ED 395 620

Mentoring Relationships and Beginning Nursing Practice:

A Study of Professional Socialization

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Nursing educators and nursing leaders have often expressed concerns about the professional socialization of new graduates in the work setting. Increasing pressure on health care agencies to reduce costs and maximize productivity intensifies the concerns of nursing professionals. In a changing health delivery system and environment, the nurse needs a variety of skills. Among these skills are expert clinical judgment and the ability to prioritize, manage, delegate, supervise, and collaborate within a multidisciplinary team. Given these demanding responsibilities, nursing leaders believe that professional support for the novice nurse will be critical to the development of practice (Florida Nurses Association, 1993).

In Florida, as elsewhere, the professional socialization pattern of beginning nurses has changed over the years in response to the changing needs of society. Most recently, a policy change has reduced the required period for the formal mentorship of new graduates from four months to one month. Nursing professionals are concerned that the new policy may place novice nurses in demanding roles requiring that they function in the role of expert sooner than they are prepared to do so.

The first job presents the opportunity to guide the socialization of the new professional. Because the workplace is the site of the socialization of nurses to a greater extent than previously thought, the initial experiences encountered there by new graduates are important to their retention, job satisfaction and role identification (Lawler & Rose, 1987). Novices are often faced with a sense of dissonance between the realities of the work place, personal expectations, and sense of preparedness for the new role (Sarchielli, 1984). The situational adaptations that are made by the new professional may set the pattern for the remainder of the work career (Kramer & Schmalenberg, 1978). All professions need, depend on, and are nurtured by the continual input of

their neophytes (Kramer & Schmalenberg, 1978). The nurturing of these neophytes until they reach professional maturity requires a framework that provides for successful interactions with the field's experienced professionals (Cohen, 1981).

Missing in the current discourse about entry, early professional socialization, and the importance of mentoring is the novice practitioner's perspective. The purpose of this study was twofold: to gain understanding of early professional socialization in beginning nursing practice from the beginning nursing practitioner's perspective and to explore specifically the influences of mentoring relationships in the professional socialization of beginning nursing practitioners.

Framework for the Study

Professional socialization is a continuing process and may span an individual's entire career. It begins during formal education and continues as newcomers begin professional practice with entry level knowledge, skills, and judgment. Professional socialization is the acquisition of the various dimensions that constitute a professional role. These dimensions include, but certainly are not limited to, the knowledge, skills, behaviors, attitudes, intellectual and emotional comfort, and internalization of the values that support an individual's transition into the professional role (Brief, Sell, Aldag, & Melone, 1979; Cohen, 1981).

Stages of Professional Development

Many writers describe professional socialization as occurring in stages (Cohen, 1981; Gennep, 1960; Kelman, 1961; Kramer & Schmalenberg, 1978). Some studies advance the notion that professional socialization is a process or series of processes through which knowledge, skills, values, norms, and requisite behaviors are gained in order to fully participate as a member of a particular profession (Lum, 1978; Ronkowski & Iannaccone, 1989; Saarman, Freitas, Rapps, &

Riegel, 1992). Others distinguish between levels of socialization as well as dimensions (Blau, 1988; Hart, 1991; Stein & Weidman, 1989). Stein and Weidman, for example, addressed institutional versus individual socialization as well as the cognitive and affective dimensions. Some socialization models are linear, while others are cyclical. Hart concluded that all the frameworks had three common stages: uncertainty and learning, adjustment, and gaining balance.

The literature provides numerous examples of studies and reviews of studies that address socialization in various professional fields: education, business, health, and administration. Ronkowski and Iannaccone (1989) reviewed a number of studies that had the Gennep and Becker models of socialization in common. These studies examined the socialization experiences of individuals in graduate studies, nursing, law enforcement, and educational administration. Together, they provided empirical support for the assertion that socialization takes place in stages.

The need for support programs for newcomers in any given field was prevalent in the literature. Novice teachers often entered their first work experience with expectations that were different from the realities of the work place. The support and assistance of other professionals in the field were important factors in the successful socialization of newcomers (Carney & Hodysh, 1994; Etheridge, 1988; Hart, 1987; Hart & Adams, 1986; Kuzmic, 1994; Sanford, 1988). As with teachers, beginning school administrators need support for continued professional development and role enculturation (Cantwell, 1993; Marshall & Kasten, 1994). Blau's 1988 study of insurance managers found that apprenticeship as a socialization strategy positively influenced newcomers' expectations, role transition, and performance. In medicine, the socialization process is extensive. The socialization process for physicians was chronicled by

Becker, Geer, Hughes, and Strauss (1961) and Carlton (1978). These studies were specifically concerned with the major changes that individual students experienced not only in skill development and knowledge but also in attitudes, behaviors, beliefs, and perceptions. The studies pointed out that students are afforded a variety of perspectives as they interact with the professional environment and culture.

In nursing, as in other professions, continuing socialization following graduation is one way to avert the disillusionment and lack of job satisfaction experienced by beginning nursing practitioners. Cohen (1981) wrote that the cause of disillusionment in nursing was rooted in problems in the socialization process. In a study of job satisfaction among new graduates, Munro (1983) reported that hospital nurses have more than three times the turnover rate as teachers and one and one-half times the turnover rate of social workers. Wilson and Startup (1991) found in their study of socialization that the turnover trend may be counteracted by good staff relationships and a favorable unit climate. In their studies of professional socialization in nursing, Brief et al. (1979), Kelly (1993), Lawler and Rose (1987) and Munro (1983) all found support for the notion that the socialization process occurs in phases.

Mentoring Relationships and Socialization

The literature on professional socialization in various fields repeatedly addresses the concept of providing supportive structures for newcomers in order to enhance and facilitate their role transitions. Jacobi (1991) synthesized the literature on mentoring and academic success and defined mentoring relationships as having three major components: providing emotional and psychological support, promoting professional development, and serving as a role model. Mentorship and preceptorship relationships support the personal and professional development

for the mentee and may enhance the quality of the mentee's work life (Fields, 1991; Taylor, 1992).

Some mentoring relationships occur naturally between individuals and others are planned and structured. Mentoring relationships may be formal or informal (Chao, 1991; Gerstein, 1985; Jacobi, 1991; Jones, 1983). Informal mentoring relationships often involve self-selection of mentor and mentee. The mentor willingly offers the mentee additional attention and facilitates the mentee's personal and professional development (Chao; Noe, 1988). Informal mentoring relationships are usually characterized by a close relationship between the two participants. On the other hand, formal mentoring relationships involve the random matching of mentor and mentee by the organization (Chao; Noe). Generally speaking, prior friendship is absent.

Historically, licensure regulations in nursing have provided for a formalized mentoring process. Novice nurses were required to practice under the direct supervision of registered nurses until licensed. In studies of mentoring relationships, Dailey (1990) and Howard-Vital and Morgan (1993) reported that a formalized mentoring program for beginning nursing practitioners could substantially decrease the levels of role conflict, role ambiguity, and job stress. Dailey noted that rather than leaving the socialization process to chance, a mentoring program could assist new nurses to learn from a successful nurse role model.

Regardless of how the participating individuals come together, they move through a series of phases. A number of studies presented frameworks to conceptualize the phases of mentoring relationships (Chao, 1991; Hsieh & Knowles, 1990; Hunt & Michael, 1983). Kram (1983) described a four-phase mentoring model that included initiation, cultivation, separation, and redefinition. The early phases were characterized by heavy dependence and reliance on the mentor as the expert. The mentee's sense of confidence is boosted by modeling, acceptance, and

affirmation from the mentor. Separation provides the mentee with the opportunity to function independently without feelings of anxiety and loss.

Some studies of mentoring have addressed the effects of age, race, and gender differences on mentoring relationships. In studies of mentoring for African American women, no race or gender specific functions were noted for the mentor (Howard-Vital & Morgan, 1993; Steele, 1991). Positive relationships have been found between minority faculty retention in higher education and the retention and graduation rates of minority students (Howard-Vital; & Morgan; Steele). The effects of gender on mentoring relationships have been mixed. Olian, Carroll, Giannantonio, and Feren (1988) found no evidence of differences in same-sex and cross-sex mentoring relations. Noe (1988) reported that mentors who were matched with mentees of the opposite gender indicated that the mentees made more effective use of the relationships than did those who were of the same gender. His findings also indicated that females were more effective in the utilization of the mentoring relationship than were males. Fagenson (1989) concluded that mentoring worked equally well for men and women in terms of career outcomes.

The literature on professional socialization provides the background for describing and understanding the beginning nursing practitioner's entry into professional practice. Within the process, mentoring relationships provide for the successful entry and continued socialization into practice and role transition. The nursing profession has long regarded mentoring and preceptorship relationships as important to the beginning nursing practitioner's entry into practice. Novices' perspectives on this process are the focus of this study.

Procedures and Methods

Because qualitative research methods are dynamic and creative in nature, they can provide

insight into real-world, real-life conditions. Investigations that target people's understanding are well-served by qualitative approaches (Bogdan & Biklen, 1992). Focus groups as a qualitative method provide a natural setting where participants are free to talk and share insights, observations, and experiences (Krueger, 1994; Merton, Fiske, & Kendall, 1990). Focus groups presume that participants have a particular event, activity, or situation in common. A moderator leads the focused discussion with the assistance of an interview guide. Primary data in this study were obtained through focus group sessions conducted with beginning nurse practitioners with less than 12 months experience in the profession. Beginning nursing practice and mentorship/preceptorship relationships provided the focus for the discussions. The principal investigator served as moderator for the sessions.

The trustworthiness, credibility, and dependability of qualitative methods are aided by the process of triangulation wherein data are collected from a variety of sources (Marshall & Rossman, 1989). This investigation utilized focus groups, document analysis, and a demographic questionnaire for data collection. In addition to the audio tapes that were made for all sessions and then transcribed for analysis, word lists, journey maps, sentence completion statements, and demographic information were obtained from participants during the focus groups. Additional data were provided through a telephone survey of inservice educators at agencies where participants were employed, graduates' orientation schedules, and the principal investigator's notes and observations summarizing each phase of the interview guide.

Participants in the study were a sample of graduates of an associate in science degree program in nursing from a large community college in the southeast region of the country. Sixty-three (49 percent) of the May 1994 graduates agreed to participate in the study at the time of their

graduation. Thirty-one graduates (25 percent of the graduates) actually participated at the time data were collected in summer and fall 1994. At the time of the study, participants had between three and seven months of practice as beginning nursing practitioners, with an average length of employment of 4.5 months. Place of employment varied: 58 percent of the sample were employed in acute care hospitals (hospitals providing a full range of in-hospital care and services); 19 percent in nursing homes; 6 percent in psychiatric institutions; and 17 percent did not identify the type of facility. Participants included seven males and 24 females; four participants identified themselves as members of minority groups. The participants were organized into seven focus groups. Correspondence explaining the study, addressing voluntary participation, and guaranteeing anonymity was sent to each prospective participant.

Data analysis in qualitative research involves creating order, organizing, structuring, and giving meaning to the information that has been collected (Marshall & Rossman, 1989). Nine research questions served to focus the analysis of the data (see Appendix A). The principal investigator examined, coded, and interpreted the data, noting themes, meanings, and relationships. These processes are in keeping with those of data reduction, data display, conclusion drawing, and verification cited by Miles and Huberman (1984). Through content analysis and content charts, recurrent themes and categories were identified. This process was supported by frequency counts and consensus. Inconsistent data and themes were also identified across groups.

Findings

Five themes evolved from the data as having importance for beginning practitioners: pre-employment considerations of beginning practitioners, entry issues, roles of the mentor/preceptor,

factors that facilitate or hinder beginning practice, and transition from novice to professional. Each theme will be discussed in turn.

Pre-employment Considerations

The period between graduation and employment provides an opportunity for reflection by beginning nursing practitioners. Participants in this study described reflecting on their personal achievement, their expectations for initial work experience, and their preparation for the real world of practice.

Many participants described a sense of personal achievement. Many had made personal sacrifices to complete the professional education program. A novice nurse who had been working in an acute care facility for approximately four months responded to the sentence completion exercise as follows:

> Just prior to beginning practice as a new graduate, I felt happy to finally be able to start on my career path and excited to have my first job as a nurse.

Her sentiments were echoed by other participants. More than half of the participants used words such as "excitement," "relief," "pride," "happiness," "elation," "hope," and "confidence" to describe their emotions.

While excitement was part of the new graduates' reactions, it was tempered by awareness of the challenges that awaited them as beginning practitioners. New graduates expected to find employment in the field without difficulty; in truth, many did not. A beginning practitioner who had been employed in a nursing home for five months described her pre-employment experience in these terms:

> I was anxious, excited, ready to take on the field on one hand; hopeful that I would get a

job in my chosen field, disappointed when I didn't

A male graduate wrote the following:

> I felt like I was never going to get a job. Concern that I would lose my edge, start to forget what I had learned.

At least one-third of the participants voiced frustration at not finding employment as readily as they expected.

More than two-thirds of the focus group participants were ambivalent about their preparation for beginning practice: strong feelings of achievement combined with doubt concerning the adequacy of their preparation. This comment by a woman with a little more than three months work experience characterizes the general mood of graduates:

> I felt excited at starting in the field I had chosen, anxious about my lack of knowledge, fearful that I would make a mistake....

Specifically, graduates questioned whether they possessed the knowledge to handle multiple responsibilities and to deliver competent, skillful care. A common theme among graduates was concern for the safety and well-being of their patients.

While graduates were excited about their educational achievement and eager to begin new careers, their pre-employment excitement gave way to unanticipated delays in employment and fears about readiness to do the job when employed.

Entry Issues

Beginning nursing practitioners expected to find support structures in their initial work environments. Two major concerns frame the entry of novice practitioners into beginning nursing practice: institutional support structures and the relationship with team members in the initial

work environment.

Institutional Support Structures. Analysis of the data generated through a telephone survey of inservice educators at four of the major health agencies employing participants in this study produced interesting results. All four agencies reported that beginning practitioners received a formal orientation program of between three and twelve weeks; that mentors/preceptors were assigned to beginning practitioners for the entire length of each agency's orientation program; and that orientees and mentors shared the same patient care assignment. Two agencies provided copies of their orientation schedules. Both schedules showed daily activities and the assignment of a preceptor. Experiences described by the participants contradict this planned approach.

New graduates formed mental images of the work environment they sought to enter. In their view, these environments would be supportive, encouraging, and innovative. Recognizing that they were new to the field, new graduates felt they would receive training, as the following graduate noted:

> I hoped I would get trained and have somebody to help me along. But I didn't... I really hoped there would have been someone.

Beginners felt shortchanged in many instances. Some found they had six weeks of orientation, others only two weeks, and others had none. One participant reported disappointment:

> I was promised at least two weeks of orientation. I never got my orientation.

As graduates described the discontinuity between their expectations for orientation and what they actually received, they expressed disbelief and disappointment with the quality of their beginning experiences. Less than one-third of the participants reported satisfaction with the length or

appropriateness of their orientation experiences. The exceptions were beginning practitioners employed by one acute care hospital and those assigned to critical care units.

Neophytes encountered an apparent lack of formal preparation for their arrival in some agencies. Participants commented on the surprise of staff when they arrived on patient care units, the assignment of multiple mentors/preceptors, and the assignment to a variety of patient care units. This comment by a male participant who was employed in a nursing home is illustrative:

> The assistant director of nursing kind of just said, "Okay, come on, we're gonna go down here." And we went down there and she said, "This is T.K. He's the new RN that we just hired to do nights. He's gonna be here for a few days. Show him around." And that was it. They didn't know that I was coming. Of course, later I found out that they didn't want me either.

The staff's apparent unawareness of the novice nurse's assignment to their unit was viewed by the speaker as a lack of preparation on the institution's part. Similar lack of institutional preparation was described by another participant:

> One unit that I went to, they didn't even know that I was coming. I came in the morning and they said, "We...don't know that you're supposed to be here." And I showed them my schedule.... They said, "Okay, we'll find somebody for you to work with."

Similar experiences were reported across the seven focus groups.

A contrasting picture was described by one participant who was employed in a psychiatric institution. Responding to a question addressing the welcome received on arrival to her assigned unit, she replied,

> They had a banner that said "Welcome." They were very nice. They fought over who

would get to work with me.

From her perspective, the banner signaled that she was expected; the attention indicated she was wanted. All beginners hoped to have similar experiences, but most did not.

The institutional practice of assigning novices to multiple preceptors and patient care units was a problem for beginning nurses. One novice employed four months in a hospital described the impact of these institutional practices:

> So I really had only two weeks of good preceptorship that I feel was good because I was with the same person and I was working the same shift that she was and I had time to display what I could do and what I needed help with. Because it takes time for that person to realize where your weaknesses are, and they can't figure that out the first day. And so I think it's important that there's some continuity.

Closeness and continuity of the relationship were perceived as desirable, and the institutional practice of assigning multiple mentors to novices was described as undesirable.

Patient load assignments presented another area of concern for novices. A beginning nurse with previous work experience in the health field voiced a widely held view among the study's participants:

> You know, because when we first went in to...watch the nurses and everything, some of them where I was working as NST [nursing technician], some of them had 14 patients.... School didn't prepare me to take care of 14 patients. I can do four or five maybe, you know, but not 14.

Beginners were particularly concerned about the impact of a heavy patient load assignment on their ability to give safe patient care. The following statement was most telling concerning this

issue:

I came home and I was in tears. They had not prepared me for this [patient load].

Even with previous work experience and familiarity with the health care environment, patient load assignments were viewed as difficult for the novice to handle.

Relations with Team Members. The primary principals in the work environment of beginning nursing practitioners are the assigned mentors/preceptors and other team members such as staff nurses, physicians, and ancillary personnel who participate in the care of patients. Because of the perceived importance of mentors/preceptors in the role transition of novice nurses, relationships with them will be addressed separately.

Beginning practitioners were positive in their descriptions of the overall atmosphere provided by teams of staff nurses. Phrases such as "everyone on the unit works together," "lots of chipping in and teamwork," "close knit group," and "lots of cooperation on the unit" were used to describe the work atmosphere on patient care units. Nurses on the same work team (intra-team) seemed to enjoy a collegial working atmosphere. Inter-team collegiality was less evident. Inter-team conflicts, backbiting, and negative feedback were reported.

Relationships with physicians and ancillary personnel (assistive personnel who work under the direct supervision of nurses) were not smooth. Novices felt that physicians' expectations of the new nurse were too high. One participant who had been employed seven months reported the following exchange with a physician:

> He wanted me to pull the patient's sutures out before discharge. And I told him that I could not, I really don't know how, and it was not in my job description. He called the nurse management team and he said that I knew how to do it and wouldn't.

One neophyte nurse employed at a psychiatric institution offered this explanation for the difficult communication with physicians:

> We didn't get a lot of practice talking to doctors. When to call them, just how to judge what you really need to call now for or what can wait for an hour or two.

The nature of the relationships between novice practitioners and doctors made communication difficult.

Ancillary care givers also provided challenges for beginning practitioners. A participant working in a nursing home with responsibility for 25 patients expressed her thoughts this way:

> Out of all the people, I think that the ACTs [nursing assistants] were the worst. They were extremely difficult to work with. That was the one thing that we did not learn in school and I did not learn from my preceptor. But I just had to learn on my own. They just push you.

Team relationships can both hinder and facilitate the early socialization of beginning nursing practitioners. Regardless of the quality of their personal experiences, a common theme shared by novice practitioners was the need for helpful support structures and relationships.

Roles of the Mentor

The single most critical component in the socialization process identified by neophytes was a mentor. Mentors exert their influence by familiarizing the novice with the institutional culture, modeling technical and cognitive competence, and demonstrating behaviors and attitudes that are characteristic of the profession. A novice practicing in a hospital finished one of the sentence completion items in this manner:

> The value of having a preceptor was having a resource right at your side--ready to help

and guide you through any problems.

Beginners recognized that the learning curve was steep and viewed the mentor as supportive in taking on the new role. A participant employed five months expressed the experiences and sentiments of many:

> The first six weeks were pure hell. I mean I'd get home in tears and say I just had a terrible day. Had it not been for my second preceptor, I don't know if I would have made it through orientation.

Mentors/preceptors were perceived as key to assisting the beginner through the early period of entry into the profession.

Introduction to the Institutional Culture. Neophytes' sense of comfort was increased by the introduction the mentor provided to key individuals, practices, and policies within the institution. A novice who had been employed seven months in a critical care unit addressed the importance of meeting key individuals in the work environment:

> They did go out of their way to make sure that I did know who the doctors were. And anybody that might come from somewhere else, you know, a different department. They went out of their way to make sure that you met everybody.

Mentors also helped novices become familiar with institutional practices. "Learning the ropes" was the common term used by participants to describe becoming acquainted with the work environment through the assistance of the mentor.

Technical and Cognitive Competence. By modeling technical and cognitive competence, mentors/preceptors help beginning practitioners to develop confidence, refine existing skills, and acquire new skills. One participant expressed her thoughts on this issue when she wrote the

following on the sentence completion form:

> The value of having a preceptor was learning how to put all my knowledge to practice in a successful way.

Speaking to the specific skills, she continued:

> prioritizing patient care and seeing the whole picture.

Novices enter the practice setting almost void of independent practice experience, as practice during their preparation program occurs primarily under the tutelage of nursing faculty. By modeling technical and cognitive competence, mentors assist novices to develop personal standards of quality and efficiency in patient care.

Handling multiple priorities while caring for a large number of patients was perceived by novices as part of the technical and cognitive competence required. Mentors provided assistance by preparing novices to handle significant volumes of paperwork, maintain communication with other members of the health team, and manage and care for large groups of patients.

Characteristic Behaviors and Attitudes. While interacting with novice practitioners, mentors/preceptors have opportunity to demonstrate the behaviors and attitudes that are characteristic of the discipline of nursing. Novices observe and identify qualities that they wish to incorporate in their personal practice. Two key attitudes that novices observed were caring and assertiveness. One participant describing caring in her mentor:

> One patient in particular, I remember the preceptor in dealing with the family and presenting things in a realistic light, but at the same time being kind and not short and helping to guide them toward thinking about things and making the necessary arrangements for the person who was terminally ill.

Because of the advocacy role assumed by nurses on behalf of patients, assertiveness was perceived as an important component in practice. One participant shared the following advice she received from her mentor:

> Don't be upset if you make someone mad. If you did, that's your job. I mean you're supposed to do what you think is best for that patient.

Opportunities to observe mentors working through a variety of situations in the work environment assisted novices to assimilate the behaviors and attitudes associated with the profession.

Compensating for Lack of a Mentor. Because the presence of a mentor is a key aspect of professional socialization, novice nurses who lack a formal mentor appear to self-select a support figure. Several novice nurses in this study reported the absence of a formal mentor and described their selection of a mentor for themselves. One participant who had been employed four months described her experience:

> I really didn't have a preceptor, I just more or less had an orientation. And you know, where you went through all the necessary cautions that you would have. But there was another RN working on my unit, but she was kind of left to her own. So the...evening supervisor, I just kind of made her my mentor. Because she was really somebody that...she...I could call her.

Similarly to this participant, often novices that lacked formal mentors selected supervisors such as nurse managers, head nurses, charge nurses, evening supervisors, and directors of nursing as mentors. Other novices deliberately selected non-nurses such as mental health technicians and respiratory therapists because of their special expertise and experience.

Novices targeted particular personality qualities when self-selecting mentors. Factors that seemed attractive to beginning practitioners included experience, knowledge, willingness, friendliness, availability, competence, personality, and level of respect enjoyed by the individual. Of these, knowledge, experience, and willingness to help seemed key.

Three roles of the mentor/preceptor emerged as important in the eyes of novice nurses: introduction to the work environment, modeling technical and cognitive competence, and demonstrating the characteristic behaviors and attitudes associated with the profession. These roles were so key to the professional socialization of novices that, in the absence of a formally assigned mentor, novices found their own by locating a person with knowledge, experience, and willingness to help. Both formally and informally appointed mentors served as safety nets early in the practice experience.

At the same time, mentors also occasionally made beginning practice more difficult. A fair number of mentors had difficulty letting go. Some exercised more control than novices felt necessary or practical. One participant reported the following experience:

> I never had a full patient load that I had to take care of completely on my own until the night before I was on my own. I mean my last day. Well, by helping me out, it really didn't help me because then I wasn't able to prioritize all my patient care.

Effective mentors understand the difference between nurturing assistance and handicapping assistance in the early socialization of beginners.

Several novices felt that mentors had not been adequately prepared for their roles. Others found themselves with preceptors whose work loads made it difficult for them to be mentors. Novices concluded that the attitudes and behaviors of some mentors were directly related to the

level of preparation they received. This conclusion is evident in the following statement:

> I wonder, do they choose to do this? Mine did not. We just kind of, whoever was there, they assigned us to. And that didn't work too well.

Novices saw the practice within most institutions of having mentors carry a patient load while working with mentees as dysfunctional. A novice employed five months shared her experience:

> They [preceptors] had their own patient loads, at least where I was. But a lot of times she would be too busy with procedures too and she was saying, "Well, you know, you have to do it the best you can."

The practice in some institutions of orienting beginning nurses on multiple patient care units made it difficult for novices to develop trusting relationships with mentors and other staff members. The safety net that mentors/preceptors represented was weakened by lack of training, heavy patient loads for mentors, and the practice of moving novices among units.

Other Factors that Influence Beginning Practice

In addition to the presence of a mentor, other factors may facilitate or hinder the role transition for beginning nurses. Among the factors reported by participants in this study were self-help strategies, past experience, receiving feedback, and their own assertiveness.

Participants described the usefulness of such self-help strategies as positive self-talk, affirmations, and "cheat" cards. One beginner described the usefulness of self-talk:

> You just have to trust yourself. Tell yourself you know your stuff. So everyday I'd be walking around going: "I know this, I know this, I know how to do this. I can do this stuff." That really seemed to help me.

Another novice carried all of her lecture notes to work with her. Another relied on books:

> I'm scared to ask questions and so I carry around my nursing book, my drug book, my dictionary, my lab book, all with me at all times. I have to have some stability.

Another described carrying cards with definitions. These personal resources helped novices make the transition to practice.

Beginners who had been employed in the health field in ancillary positions called on their past experiences. Approximately 50 percent of the participants reported previous work experience on the demographic questionnaire. One participant reported the following reaction:

> I worked as a Patient Care Tech [ancillary personnel] for six months. The stress level was greatly reduced because...I had this on hand experience of handling patients, of moving them. The I.V.s and everything and I wasn't as, it's not just a total shock.

Previous work experience helped with the transition because novices were already somewhat familiar with the realities of practice.

Receiving feedback from mentors and other team members was also an important assistive factor. The self-doubt that beginners reported experiencing early in beginning practice fueled a desire for periodic reports on their progress. One nurse who had been employed three months expressed the need for feedback in these terms:

> Yeah, I think that [feedback] is kind of important. I know there are times when I thought, you know, am I doing O.K.? It'd be nice. You might want a pat on the back. You know, "You're doing good, keep it up" sometimes means a lot. I got that some and then there were some nights when I felt totally overwhelmed, you know, like I'm stuck with all this. Just because one day I'm a RN there's not really a big difference in me but I have a license now.

Novices felt that feedback concerning their performance and progress was important. Those that didn't receive it were disappointed.

Some beginning nurses realized that their own behavior could assist or hinder their growth in the professional role. Fewer than half of the participants described this as a consideration. One novice employed five months described the following experience:

> My husband said, "What you need to do is...sit down and decide what you're gonna want tomorrow." So I decided that I wanted to see myself confidently and completely in control of that [patient care] and that was what I really wanted to do. So the next day I went in...and I said, "This is what I want to learn today," and [my preceptor] said, "Okay." And everything else kind of flowed...but I had to speak up and say, "This is what I want to learn today."

Some neophytes came to the realization that the quality of their beginning experience depended on their active participation in the process.

Transition from Novice to Professional

Responses from participants in this study led to the identification to two phases in the novice's transition to professional: early beginning practice and late beginning practice. More specifically, these phases are defined by the focus of novices' locus of control and their concerns and feelings.

Early Beginning Practice. Beginners in the early beginning practice phase demonstrated an external locus of control. They experienced fear, self-doubt, and fragile self-concepts. Their concerns focused on preparation for the role and the availability of support systems. The following statement made by a beginner is illustrative:

> My concept of preceptorship was that someone was watching over you.... I felt that I didn't have the knowledge. I just needed someone to say, "Yes, you do know how to do this. You do know how to do that. I'll walk you through it one time and then you're on your own."

Another nurse stated it more simply:

> We [new nurses] followed; they [preceptors] showed and talked.

Novice nurses seemed to rely passively on the mentor and others in the work environment during this phase. Novices were fearful when their preceptors were absent or moved to another location. The majority of participants voiced feelings of self-doubt, of feeling anxious and unsure. Several participants expressed their concerns about appearing stupid and being afraid that others would find their questions dumb.

During this early phase, beginners were concerned about the availability of support structures. One participant who had been employed five months described her expectations:

> I didn't have the confidence that I needed and I didn't feel that I could ask questions.... I guess I was expecting someone to just walk around and be my shadow.

Other beginners blamed the external environment for their inadequacies. Some, as reported above, blamed the institutions that hired them for failure to provide adequate support structures. Others blamed their formal education programs.

Late Beginning Practice. Beginners in the late beginning practice phase still expressed ambivalence about independent practice, but most were more comfortable, more confident, and more internally focused. The journey maps reflected and offered support for shift to a second phase of beginning practice. Many of the comments participants included at this point focused on

learning. The following are illustrative:

I'm learning a lot about nursing.

I still learn everyday.

I am slowly learning to be confident in my decisions and patient care.

I take advantage of learning opportunities.

One participant expressed the shift in her view of learning:

Because now I realize that those things that I don't know can be learned and can be reinforced by practice.

In late beginning practice, novices seemed to recognize that they would always need to learn and were willing to take responsibility for ensuring that they did. Most seemed ready to take on the challenges.

Conclusions and Recommendations

The purposes of this study were to gain understanding of early professional socialization in beginning nursing practice from the beginning nursing practitioner's perspective and to explore specifically the influences of mentoring/preceptorship relationships in the professional socialization of beginning nursing practitioners.

The findings in this study support the notion that professional socialization begins in formal educational programs and continues in the workplace. Novice practitioners anticipate that their educational programs have made them ready for practice. They reported several incongruities between their preparation and the realities of the initial work environment. Novices frequently indicated that one of the most important skills they learned from their mentors/preceptors was that of time management related to accomplishing all tasks involved in

patient care. Novice's experiences with lighter patient loads did not prepare them for this significant aspect of practice. Another area that emerged as problematic for beginning practitioners was their relationships with ancillary personnel and physicians. They reported having had limited experience communicating with these members of the health team during their formal educational programs.

Beginners anticipate initial work environments that will facilitate their socialization. The absence of a plan or a poorly planned introduction of the novice to the initial professional experience may place the novice practitioner in an initial work environment that is psychologically traumatic and filled with disillusionment. Novices often reported that mentors were not prepared for their arrivals, were sometimes reluctant or unable to provide support, and carried patient load assignments that made it difficult for them to work with their mentees. In the view of novices, institutions should commit resources to provide continuously and consistently available mentors.

Beginners perceive mentors/preceptors as important to the socialization process. The roles of mentors are many. They include clarifying the professional role, teaching the novice about patients and the problems involved in practice, teaching the novice about the practices and policies of the agency, assisting the novice to develop a sense of competence, and modeling the characteristic behaviors, attitudes, and values that are associated with the profession. Novice nurses perceive the effectiveness of mentors in carrying out their roles as dependent on the preparation they receive for the role. Mentors must be prepared to "let go," while assisting beginners to greater levels of independent practice.

Beginners experience the socialization process in phases, expressing change in focus and in the nature of their concerns. Over time, behaviors that were initially externally focused gave

way to more internally focused behaviors and attitudes. For example, novice nurses who early in practice relied heavily on the judgments and advice of mentors and others became more self-reliant. They also reported greater interest and concern for personal growth later in their beginning practice.

The phases evident in the reports from participants in this study are congruent with the socialization models of Cohen (1981) and Brief et al. (1979). Cohen's first three phases--unilateral dependence, negative independence, and dependence/mutuality--were evident in the reports. The interdependence phase of the model was not clearly reflected in the data, perhaps because participants were not yet finished with their role transition. Participants did demonstrate the third of Brief et al.'s three phases, role management. Their focus on learning in the late beginning practice phase and their increasing level of comfort in the role were consistent with role management.

Recommendations can be drawn from this study for nursing education, nursing practice, and nursing research. Effective nursing education programs must not only teach students the fundamentals of nursing but also prepare them for practice. Graduates who enter the initial work experience with realistic expectations will experience less of the trauma and reality shock described by participants in this study. To prepare novices for the workload assignments they will find in practice, nursing education programs must include in their curricula clinical experiences that progressively challenge students' abilities to manage numbers of patients that approximate those encountered in the work environment. Nursing curricula must also increase the focus on relationships with physicians and ancillary personnel. Providing more opportunities for meaningful student interaction in the natural work environment will begin to address this concern.

In the absence of legal requirements for mentoring early in beginning practice, accepting institutions must plan well-structured entry for novice nursing practitioners. Employing agencies must focus on the mentoring relationship and invest in it to provide an optimal entry experience for new graduates. Specific approaches include planning and implementing consistent and continuous mentoring/preceptorship programs; allocating the necessary resources to support programs; continuing to assign formal mentors/preceptors to beginners; establishing a selection process for mentors and providing training; and varying basic mentor programs to provide for individualized content and length of the program to meet the specific needs of beginners. The benefits to be derived by agencies who make this commitment may include employee retention and satisfaction, greater employee loyalty, and transmission of the institutional culture and norms to the beginner.

Future research might replicate this study using a larger sample from various geographical areas. A study using graduates of baccalaureate nursing programs would provide another perspective and address differences based on the formal professional education program completed by the beginners. A look at early professional socialization and mentoring/preceptorship relationships from the perspective of mentors and preceptors would also provide additional perspective on this aspect of early socialization.

Together, nurse educators, health service institutions, and nursing researchers can contribute to the successful role transition of beginning nursing practitioners.

References

Becker, H., Geer, B., Hughes, E., & Strauss, A. (1961). Boys in white: Student culture in medical school. Chicago: University of Chicago Press.

Blau, G. (1988). An investigation of the apprenticeship organizational socialization strategy. Journal of Vocational Behavior, 32, 176-195.

Bogdan, R. C., & Biklen, S. K. (1992). Qualitative research for education: An introduction to theory and methods. Boston: Allyn and Bacon.

Brief, A. P., Sell, M. V., Aldag, R. J., & Melone, N. (1979) Anticipatory socialization and role stress among registered nurses. Journal of Health and Social Behavior, 20, 161-166.

Cantwell, Z. (1993). School-based leadership and professional socialization of the assistant principal. Urban Education, 28(1), 49-68.

Carlton, W. (1978). "In our professional opinion..." Notre Dame, IN: University of Notre Dame Press.

Carney, R. J., & Hodysh, H. W. (1994). History of education and rite of passage to teaching: The Alberta experience 1893-1945. Alberta Journal of Educational Research, 40(1), 35-56.

Chao, G. (1991). A comparison of informal mentoring relationships and formal mentorship programs. (Report No. HE 024 609). East Lansing: Michigan State University, Career Development and Placement Services, Division of Student Affairs and Services. (ERIC Document Reproduction Service No. ED 333 784)

Cohen, H. (1981). The nurse's quest for professional identity. Menlo Park, CA: Addison-Wesley.

Dailey, R. C. (1990). Role perceptions and job tension as predictors of nursing turnover. Nursing Connections, 3(2), 33-42.

Etheridge, C. (1988, November). Socialization on the job: How beginning teachers move from university learnings to school based practices. Paper presented at the Annual Meeting of the Mid-South Educational Research Association, Louisville, KY.

Fagenson, E. (1989). The mentor advantage: Perceived career/job experiences of proteges versus non-proteges. Journal of Organizational Behavior, 10, 309-320.

Fields, W. (1991). Mentoring in nursing: A historical approach. Nursing Outlook, 39, 257-261.

Florida Nurses Association. (1993). Supervision of new graduates. (Position paper from House of Delegates). Orlando, FL: Author.

Gennep, A. (1960). The rites of passage. Chicago: University of Chicago Press.

Gerstein, M. (1985). Mentoring: An age-old practice in a knowledge-based society. Journal of Counseling and Development, 64, 156-157.

Hart, A. W. (1987). A career ladder's effect on teacher career and work attitudes. American Educational Research Journal, 24, 479-503.

Hart, A. W. (1991). Leader succession and socialization: A synthesis. Review of Educational Research, 61, 451-474.

Hart, A. W., & Adams, G. V. (1986). Preservice socialization for teacher career ladders. Journal of Teacher Education, 37, 59-64.

Howard-Vital, M., & Morgan, R. (1993). African American women and mentoring. (Report No. UD 029 359). (ERIC Document Reproduction Service No. ED 360 425)

Hsieh, N., & Knowles, D. (1990). Instructor facilitation of the preceptorship relationship in nursing education. Journal of Nursing Education, 29, 262-268.

Hunt, D., & Michael, C. (1983). Mentorship: A career training and development tool. Academy of Management Review, 8, 475-485.

Jacobi, M. (1991). Mentoring and undergraduate academic success: A literature review. Review of Educational Research, 61, 505-532,

Jones, G. (1983). Psychological orientation and the process of organizational socialization: An interactionist perspective. Academy of Management Review, 8, 464-474.

Kelly, B. (1993). "The real world" of hospital nursing practice as perceived by nursing graduates. Journal of Professional Nursing, 9, 27-33.

Kelman, H. D. (1961). Processes of opinion change. Public Opinion Quarterly, 25, 57-58.

Kram, K. E. (1983). Phases of the mentor relationships. Academy of Management Journal, 26, 608-625.

Kramer, M., & Schmalenberg, C. (1978). Bicultural training and new graduate role transformation. Nursing Digest, 5(4), 1-47.

Krueger, R. (1994). Focus groups: A practical guide for applied research. Thousand Oaks, CA: Sage.

Kuzmic, J. (1994). A beginning teacher's search for meaning: Teacher socialization, organizational literacy, and empowerment. Teaching and Teacher Education, 10(1), 15-22.

Lawler, T., & Rose, M. A. (1987). Professionalization: A comparison among generic baccalaureate, ADN, and RN/BSN nurses. Nurse Educator, 12(3), 19-22.

Lum, J. L. J. (1978). Reference groups and professional socialization. In M. Hardy & M.

Conway (Eds.). Role theory: Perspectives for health professionals. New York: Appleton-Century-Crofts.

Marshall, C., & Kasten, K. (1994). The administrative career: A casebook on entry, equity, and endurance. Thousand Oaks, CA: Corwin.

Marshall, E., & Rossman, G. (1989). Designing qualitative research. Newbury Park, CA: Sage.

Merton, R., Fiske, M., & Kendall, P. (1990). The focused interview. New York: Free Press.

Miles, M. B., & Huberman, M. A. (1984). Qualitative data analysis: A sourcebook of new methods. Beverly Hills, CA: Sage.

Munro, B. (1983). Job satisfaction among recent graduates of schools of nursing. Nursing Research, 32, 350-355.

Noe, R. (1988). An investigation of the determinants of successful assigned mentoring relationships. Personnel Psychology, 41, 457-479.

Olian, J., Carroll, S., Giannantonio, C., & Geren, D. (1988). What do proteges look for in a mentor? Results of three experimental studies. Journal of Vocational Behavior, 33, 15-37.

Ronkowski, S., & Iannaccone, L. (1989, March). Socialization research in administration, graduate school, and other professional: The heuristic power of Van Gennep and Becker models. Paper presented at the annual meeting of the American Educational Research Association, San Francisco, CA.

Saarman, L., Freitas, L., Rapps, J., & Riegel, B. (1992). The relationship of education to critical thinking ability and values among nurses: Socialization into professional nursing. Journal

of Professional Nursing, 8, 26-34.

Sanford, J. (1988). Learning of the job: Conditions for professional development of beginning science teachers. Science Education, 72, 615-624.

Sarchielli, G. (1984). Work entry: A critical moment in the occupational socialization process. In W. Doise & A. Palmonari (Eds.), Social interaction in individual development, pp. 261-277. Cambridge, England: Cambridge University Press.

Steele, R. (1991). Mentoring: An effective tool for retention of minorities. (Report No. UD 028 543). (ERIC Document Reproduction Service No. ED 342 841)

Stein, E., & Weidman, J. (1989). Socialization in graduate school: A conceptual framework. (Report No. HE 023 097). (ERIC Document Reproduction Service No. ED 339 258)

Taylor, L. J. (1992). A survey of mentor relationships in academe. Journal of Professional Nursing, 8, 48-55

Wilson, A., & Startup, R. (1991). Nurse socialization: Issues and problems. Journal of Advanced Nursing, 16, 1478-1486.

Appendix A: Research Questions

1. How do beginning nursing practitioners describe their initial work experience and environment?
2. What are beginning nursing practitioners' perceptions about the support structures in their initial work environment?
3. What factors are viewed by beginning nursing practitioners as facilitating/hindering their beginning practice?
4. How do beginning nursing practitioners feel about their practice during the first six to twelve months following graduation?
5. How do mentoring/preceptorship relationships assist the beginning nursing practitioner to make the role transition?
6. How do mentoring/preceptorship relationships influence beginning nursing practitioners and their practice?
7. What do beginning nursing practitioners view as necessary and sufficient components in the professional socialization process?
8. In the absence of a formal mentor/preceptor, who do beginning nursing practitioners turn to for assistance?
9. What difference, if any, will the absence of a mentoring/preceptorship relationship make in the role transition of beginning nursing practitioners?